



## 2012 Vendor/Exhibitor Registration Form

5th Annual Kentucky eHealth Summit

Hosted by: Governor's Office of Electronic Health Information

September 17-18, 2012

Hyatt Regency Lexington, KY

### Vendor/Exhibitor Package

- Placement of One Exhibit Table (Standard 6' skirted table) for Tabletop Exhibit Booth
- Complimentary Conference Registration for Two Attendees
- Listing in the Conference Program, Website, Select Conference Materials and Signage
- Continental Breakfast; Lunch and AM/PM Breaks
- Electric Available upon Request;
- Wireless Internet
- Exhibitor Set-Up: Monday, September 17<sup>th</sup> : 11:00 am – 4:00 pm
- Opening Reception: Monday, September 17<sup>th</sup> : 7:00 pm – 9:00 pm
- Exhibitor Fair Hours: Tuesday, September 18<sup>th</sup>:
  - 7:30 – 9:00 am - Registration/Continental Breakfast/Exhibitor Fair
  - 11:00 – 11:30 am - Exhibits/Break
  - 11:30 - 1:00 pm - Presentation of Awards/ Lunch - includes Exhibitors
  - 1:00 - 2:00 pm - Reverse Trade Show: Private Vendor Appointments
  - 2:00 - 2:30 pm - Exhibits Fair/Break

To Register and Pay On-Line: <https://apps.chfs.ky.gov/GenRegistration/ClassConf.aspx?AGY=1>

(If Register on-line, no need to fill out form)

Hotel Information: [www.lexington.hyatt.com/groupbooking/lexrl2012kfac](http://www.lexington.hyatt.com/groupbooking/lexrl2012kfac)

For Hard Copy Registration, please fill out the following:

Organization: \_\_\_\_\_

(Please list exactly as it is to be listed on all acknowledgments)

Contact 1: \_\_\_\_\_ Contact 2: \_\_\_\_\_

(Please list names exactly as you would like on name tags)

Title: \_\_\_\_\_ Title: \_\_\_\_\_

Email 1: \_\_\_\_\_ Email 2: \_\_\_\_\_

Phone 1: \_\_\_\_\_ Phone 2: \_\_\_\_\_

City/State/ Zip: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Any additional booth members will be \$75 to cover food and Summit materials

### Payment

Number of Exhibit Booth Space: \$350 x ( ) = \_\_\_\_\_  
Additional Booth Attendee \$75 x ( ) = \_\_\_\_\_

TOTAL: \_\_\_\_\_

Application for Exhibit Space made by (print name): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Authorized Signature for Company: \_\_\_\_\_

Circle Payment Method: Check American Express Visa MasterCard Discover

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Print Name as it appears on the Card: \_\_\_\_\_

Sign Name as it appears on the Card: \_\_\_\_\_

If paying by check, please make checks payable and send to the:

KY State Treasurer  
Cabinet for Health and Family Services  
Governor's Office of Electronic Health Information  
Attn: e-Health Summit Registration  
275 E. Main Street, 4W-A  
Frankfort, KY 40621

Exhibitor Fair Contact: Ann O'Hara: [ann.ohara@ky.gov](mailto:ann.ohara@ky.gov) or 502-229-3123